m

should state

STATE	OF MARYLAND-	CERTIFICATE OF DEATH US1	42
1. PLACE OF DEATH	4		, ,
count of suche	My	Registration Dist. No.	1-
Village or City Camb	udge, md	No	Ward
Length of rasidence in city or town when	e death occurredyrs,mo	sfds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME	arles 5: 1/2	gyliss.	
(a) Residence: No.	dwille, ma	St., Ward.	
PERSONAL AND STATIS	(Usual place of ab6de)	If conresident give city or town and Stat	te
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male White	OR DIVORCED (write the word)	august 2 7th., 19	(Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Georgia	Payliss .	1 HEREBY CERTIFY, Thet I ettended dece	eesed from
6. DATE OF BIRTH (month, dey, and yeer)	march 31, 1867	I lest saw h 1 177 aliva on august 27 1, 1934; de	ath is seld
7. AGE Year Months	Days If LESS than	to have occurred on the dete steted above, et. 6:39.P.m.	
16/14	26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	ate of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	more	Incised wound 8	-27-31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		throat.	
10. Date deceesed lest workad et this occupetion (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) On as	yland	Other Contributory Causes of importance:	Gury
1 2 4	tene de	Shocking edema '8	27-3
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)		Neme of operation Suturing wound. Data of 8-2	17-34
15. MAIDEN NAME	Known	What test confirmed diagnosis?	sy?A
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19.34
(State or country)	Paramo	Where did injury occur? / ICCA NTULL / MA (Specify city or town, county and State)	
17. INFORMANT (Address)	in mes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	24 Dete 8/18 - 19 V	Menner of injury Alexander Carl Theory	rago
19. UNDERTAKER SLE	-ph	24. Wes diseese or injury in eny way releted to occupation of deceesed?	
(Address) 20. FILED 8 - 28, 19.3 4 4)	Gilubnuk.	(Signed) J. frudly finner	✓ M. D.
	Registrar.	P (Address) Cambridge, Ind	
If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUKLAS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example II. Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—V

STATE OF MARYL	AND—CERTIFICATE OF DEATH 08144
1. PLACE OF DEATH	23
County Downline County	Registration Dist. No. // 🚣
Village or City Jakunk	NoSt,Ward
Length of residence in city or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) 15mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ihm I dward	Canada
(a) Residence: No Dakneck	St., Ward.
(Usual place of abo	
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (writed)	
m be mine	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE OF what carryer	much 9 1934 to ane 11 1934
6. DATE OF BIRTH (month, day, and year)	1886 last saw have elive on Carry 6 , 1977; death is said
	If LESS than to have occurred on the date stated above, at . 4:3:5:0m.
1/6	ay,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	Gulmony Duberulesi 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (moth and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at 11. Total time (ye	ears)
this occupation month and 1933 spent in the occupation	
12. BIRTHPLACE (city or town) Crantuck	Other Contributery Causes of Importance:
(State or country) Landhold Co Mil	
13. NAME Ninkyour	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Clause Wes there an autopsy?
15. MAIDEN NAME Sellie Campu	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Dellie Campu 16. BIRTHPLACE (city or town). Canpt which	Accident, suicide, or homicide? Date of injury, 19
(State or country) Annholes Mrs	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place The Mile Cam Date O	Nature of injury
19. UNDERTAKER TO M. STELLE	24. Was disease or injury in any way related to occupation of deceased?
(Address) aufugg	In a If so, specify
20. FILED 8 - 13, 19 3 4 D. 1.6 1	(Signed) M. D.
	Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 081	15
		Registration Dist. No.	
	Village or City Carolina day	No. Cambride me Koofel	Word
11.	(If	death occurred in a horpital or institution, give its NAME instead of street and number)	
	Or allifant & Vanta	ds. How long in U.S. if of foreign birth?yrs/mos	0s.
2	2. FULL NAME TO SELECTIVE COLORS		
	(a) Residence: No. (Usual place of abode)	St., Ward. ff nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married, widowed, or divorted	21. DATE OF DEATH (Month) (Day) (You	y ear)
V	HUSBAND of Cor) WIFE of Luther Chester	22. I HEREBY CERTIFY, That I attended decease aug 5 ,1934, to aug 6 ,19	d from
6.	DATE OF BIRTH (month, day, and year) Sept. 14, 1909	I last saw h_ A alive on August 5 , 1934; death	is sald
7.	AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at	of onset
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lateral Lunia temembosis.	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
000	10. Date deceased last worked at ff. Total time (years) spart in this year) ff.		
12.	BIRTHPLACE (city or town) - Maryland (State or country)	Other Contributory Causes of importance:	
1ER	13. NAME It illiam Suchardson		
FATHER	14. BIRTHPLACE (city or town) Mandand	Name of operation	
-	(State or country)	What test confirmed diagnosis? Was there an au'opsy?	
MOTHER	15. MAIDEN NAME & ousa tornish 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?)
17.	INFORMANT Author Cheater (Address)	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
f8.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Sursularity Modern 8 - 8 , 193 4	Nature of injury	
19.	UNDERTAKER Address) 50 8	24. Was disease or injury in any way ralated to occupation of deceased?	
20.	FILED 8-) 19.84 M. Gelbert Merker Registrar.	(Signed) Fre Unit of The Man of t	M. D.
	If more blanks are meded address Seate Design	N Chalas Stand Palicina Paris	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU A.S.		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11.5

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STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

(Day)

B

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BUDGALI V. S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	F t F	STATE OF MARYLAND—	CERTIFICATE OF DEATH
20	of infor-	1. PLACE OF DEATH	08141
M		antivi Horchester	Registration Dist. No.
	should f OCC	Village or City Near Halestown	
) (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	NS NS	Length of residence in city or town where death occurred 30 yrsmos.	ds. How tong in U.S. if of foreign birth?yrsmosds.
	CORD. Every PHYSICIANS ct statement	2. FULL NAME Gelos Coulbern	
	D. SIG	(a) Residence: No	St., Ward.
	ECORD PHYS cact sta	(Usual place of abode)	If nonresident give city or town and State
	RECO. P. P. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	r K	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5	Z J ÷	1 1 While Married	(Mg/fth) (Day) (Year)
K	ANETA CT.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad from
9	X X A class	(1) HIE I / Strike M (Ovelloom	July 27 1934 to aug / 1934
BINDIN	H-11	6. DATE OF BIRTH (month, day, and year) 26-1899	loast saw h Lun alive on aug 1 , 19-34; death is said
	A P ted perly	7. AGE Years Months Days If LESS than	to have occurred on the data statad above, at 5,58 Am.
OR	IS A PE stated E properly certificate	35 5 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
F		Trade profession or particular	Date of onset
日	HIS be be of	kind of work done, as SPINNER, James	Septicemia (probably
RESERVED	should it may n back	Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	latrepto coccies Vulgolis
图	Sho sho on p	10. Date deceased last worked at	
图		10. Date deceased last worked at this occupation (month and spent in this occupation occupation	
	NFADING pplied. AGI erms, so tha instructions		Dther Contributory Causes of importance:
GIN	ADI d. s, se	12. BIRTHPLACE (city or town) (State or country)	Maceration lift arm July 27
RG	(F/	E 13, NAME John Coulson	(uns accident)
LA	- Int	13. NAME TOURSON 14. BIRTHPLACE (city or town)	Name of operation assignment at the last areas Date of 2/28/39
		(State or country)	What test confirmed diagnosis? Was there an autopsy?
	WIT	15. MAIDEN NAME Jacop Jale	23. If death was due to external causes (VIOLENCE) fill in also tha following:
	INLY, WITH be carefully EATH in pla important.	15. MATDEN NAME Jacke Scale 16. BIRTHPLACE (city or own) (State or country)	Accident, suicide, or homicide? Accident. Date of injury 7/27, 1934
	PLAINLY, hould be can OF DEATH very import	Stata or country)	Where did injury occur? Eldorado mel
	I be EA'	17. INFORMANT Bertha Coulton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Khodesdale We	auto accident Public Highway
	she E O is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury auto acadent
	on SE	Place Corceaving Data dug 3, 193 4	Nature of Injury Maceration left arm.
_	-WRITE mation s CAUSE TION is	19. UNDERTAKER 24. D. Gravenor Boxo	24. Was disease or injury in any way related to occupation of deceased?
No.	LEOF	(Address) Charpton no	If so, specify
S. No.	. ·	20 FILED 8 1 1934 D. Gielect heep.	(Signed) a.S. Mercus M.D.
>	Z	Registrar.	(Address) 126 Race St. Cambralge Touch
	(1)	If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1 M TION is very important. See instructions on back of certificate.

Per OCCUPAshould state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08	148
Willems City Carry last	Registration Dist, No.	16
Village of City	No. Carrelled Will 1604. St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME Silvan Weng Creek (a) Residence: No. Fraking Creek Mall (Usual place of abode)		osds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 / (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of Wind Cruchlin	22. 1 HEREBY CERTIFY, That I attended of 1934, to	
6. DATE OF BIRTH (month, day, and year)	I last saw h	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, forme with SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) Cury spent in this year)	Syfshow form	Date of onset
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
13, NAME WT3 July		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of	
15. MAIDEN NAME Pathlelan Hooper	What test confirmed diagnosis? Was there an a	
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	
17. INFORMANT Minjal Creighting (Address) Fishing Creis my	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;) ICE.
18. BURIAL, CREMATION, OR REMOVAL: Place July glove 5. Date 8-13, 1935	Manner of injury	
19. UNDERTAKER Lank & Celange (Address) Carrelines mfg		W
20. FILED 8-19 34 D. Leller fruit	(Signed) Lu Stell	M. D.

(Address) _____

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
PRIDEALL V. S						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			(10

	A.	STATE OF MARYLAND	CERTIFICATE OF DEATH U8150
XX	infe sta UP,	1. PLACE OF DEATH	(200-0)
X	m of more	County County	Registration Dist. No Leave
	sh of sh	Village or City Cambridge his	No. 2 6 Maria death occurred in a horpital or institution, give its NAME instead of street and number)
	A'S i	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
	Every CIANS ement	2. FULL NAME James Farl.	AM Lemponer visite
	ND. Every YSICIANS statement	(a) Residence most markes large	Von Sver my Horatel Stall 2
-		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF LEATH
	RECO PH Exact	1. SEX 4. COLOR OB BACE S. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH
	F	OR DIVORCED (write the word)	Was along Clug 6 11, 1934
NG	RMANEN X A C T I classified.	5a. If married, widowed a stroped HUSBAND of	(Month) (Day) (Year)
DI	IAN A Cassil	(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
BINDIN		6. DATE OF BIRTH (months, day, and learn) en 17 " 1885.	I last saw harmalive on
	IS A PE stated E properly certificate	7. AGE Years 4 Months Days If LESS than	to have occurred on the date stated above, of
FOR	IS A stated proper	79727 - 19 1 day, hrs. or	The PRINCIPAL CAUSE OF DEATH and dated causes of importance were as follows:
_	he sof co	Trade, profession, or particular kind of work done, as SPINMER SAWYER, BOOKKEEPER, etc.	
RESERVED	para .	9. Industry or business in which	- aguing
3R	K—T hould may back	SAW MILL BANK, etc.	A A A
ES]	INI E sh it it	10 Date fleetesed lack worked at this occupation (month and occupation)	
2	NFADING I pplied. AGE erms, so that instructions of	VIII (Tal	Other Contributory Causes of importance:
Z	ADIA d se , se	12. BIRTHPLACE (city or town) (State or country)	113330
ARGIN	UNFA supplied n terms, ee instri	II 13. NAME handle	
A	D H T	14. BIRTHPLACE (city or town)	Name of operation
	FE	(State of country)	What test confirmed diagnosis for Less Was ther an autops?
	wIJ refull in pl	15. MAIDEN NAME	23. If death was due to external cruses (VIOLENCE) fill in also the following:
0	INLY, Worker important.	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide.
		Ham Jour REVILLING.	Where did injury occur?
	S PLA Should OF D	17. INFORMANT (Address) Carul 42	lon
	She	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	-WRITE mation s CAUSE TION is	Place Date Date 3, 1936	Nature of injury
P1	Mation CAUS TION	19. UNDERTAKER T: A CANALAGE (Address)	24. Was disease or injury in any way related to occupation of deceased?
No.	B.	8-13 3 (A) (1.6 h)	(Signed) Official Official Official
٧.	zi (T)	20. FILED	(Address Andreas (A)
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting S. No.

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Strange Stray

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MARGIN RESERVED FOR BINDING

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH V. S. No. 1

1 DI LOR OF BELLEI	
1. PLACE OF DEATH	<u> </u>
County Bor electer	Registration Dist. No. // O
Village or City rear Elwood	No. St., Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Christina Coh	٠
(a) Residence: No. Yreatou (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color ed, Married	21. DATE OF DEATH (Month) (Day) (Year)
I. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriborn	22. I HEREBY CERTIFY, That I attended deceased from 27 1934 to larg 27 1934
DATE OF BIRTH (month, day, and year)	I last saw Pr alive on ang. 24 1934; death is se
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 - P_m.
5 \ \\ \(\frac{1}{2} \) \ \(\lambda \) \(\l	mare as follows:
8 Trade profession or particular	Di ate fus millilies Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years)	Date and unknown-
10. Oate deceased last worked at this occupation (month and yaar) 1000 122" 123 1	
2. BIRTHPLACE (city or town) Dor chester Co. (State or country)	Other Contributory Causes of Importanca: Suffusion of luni
13. NAME and Dourid Flat cher	
14. BIRTHPLACE (city or town) Dor chester Co,	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was thara an autopsy?
16. BIRTHPLACE (city or town) Dor' electer Co.	23. If death was due to external causes (VIOL ENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Sor' excellent Co. (State or country)	Accident, suicide, or homicide?
7. INFORMANT Julia a. Sake.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place as we and oate Mug. 29", 1931	Nature of injury
O, UNDERTAKER gr. t'y auntour & Sou.	24. Was disease or injury in any way related to occupation of deceased? NO
1. 00 1101 Lec 11 A-	(Signed) W Chelsynn

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AUDIAN V.S.						
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ADDITIONAL SPACE FOR FU	URTHER STATEMENTS	BY	PHYSICIAN
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V. S. No.

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OF DEATH

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Registrar.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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of OCCUPA-

STATE OF M	TARYLAND	CERTIFICATE	OF DEA	IH 00	100
1. PLACE OF DEATH	1 marine)	159			
County as an 1			Registration D	ist. No.	0
Village or City Phades das	4	No.		St	Ward
		If death occurred in a hospital or institu		instead of street and	number)
Length of residence in city or town where death occu	ırredyrsmo	sds. How long in U.S. if o	f forelgn birth?	yrsm	osds.
2. FULL NAME Mary Jo	man				
(a) Residence: No. Phaseure	Lul	St, Ward.			
	ual place of abode)			ive city or town and	State
PERSONAL AND STATISTICAL I			ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE 5. SING OR E	LE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH		23	11
	7	- way	(Month)	(Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of Control	note after	22. I HEREBY	CERTIEN	That i attanded	deserved from
(or) WIFE of Orhund		aled not al	CERTIFY	, mat i attended	deceased from
6. DATE OF BIRTH (month, day, and year) and	23-54	l iast saw h alive on	, 13, 10	. 19	
	Days If LESS than ,	to have occurred on the date state	, topo		., death to said
	1 day, O Be hrs.	The PRINCIPAL CAUSE OF DEAT			
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kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7	Immatine	leur	25	
9, industry or business in which		And les	nonit	40 Em	
work was done, as SILK MILL, SAW MILL, BANK, etc				15	
10. Date deceased last worked at this occupation (month and	1. Total time (years) spent in this				
year)	occupation	Other Contributory Causes of impo	ortance.		
12. BIRTHPLACE (city or town) Rhade of	all	. Comor commence of maps	Tionee.	2	
(State or country)	//			_	
14. BIRTHPLACE (city or town) Day Legy	non				
14. BIRTHPLACE (city or town) 100 100	/	Name of operation		Date of	
(State of Country)		What test confirmed diagnosis?		Was there an a	autopsy?
15. MAIDEN NAME ON A CARLO	me.	23. If death was due to external cau	ises (VIOLENCE) fill	In aiso the following	:
0 16. BIRTHPLACE (city or town)	9,	Accident, suicide, or homicide?	Da	ate of injury	,19
∑ (State or country)		Where did injury occur?			
17. INFORMANT A guigh as Och	man	Specify whether injury occurred in	n INDUSTRY, in HOM	ewn, county and Stat E, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury		/	
Place Rendegrave Me Date	lug, 24, 1934	Nature of injury			
19. UNDERTAKER Douglas John	uson	24. Was disease or injury in any w	ay related to occupat	ion of deceased?	
(Address) Rhadedalf.	nd	If so, specify the			
20. FILED aug 24, 1934 Chus W	Hostings	(Signed)	rest	(mod	M. D.
	Registrar.	(Address)		.y	

11015-

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

2

STATE OF MARYLAND	CERTIFICATE OF DEATH 08156
1. PLACE OF DEATH	(59)
County Day	Registration Dist. No. 110
Village or City Phades dall	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U. S. if of foreign blrth?yrsmosds.
2. FULL NAME VILLE, Dofinson	
(a) Residence: No. Rhades Jule	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month day and year) Quea. 23, 1934	, 19, 19, 19
Size of District (month) only	I last saw h; death is said
day.	to have occurred on the date stated above, atm.
10 minus	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	minute of the second
SAWYER, BOOKKEEPER, etc	any o money
work was done as SILK MILL	· · · · · · · · · · · · · · · · · · ·
SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and yeer)	
01.10.491	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Places last Ochrison	
13. HANNE Mangley Governo	,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au!opsy?
15. MAIDEN NAME E. MM & DERCOME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hersegrave Mobate aug 24, 1934	Neture of injury
a Harroraura blasseda. (1)	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
6 1 00 11111 1-	09 5-22
20. FILED ULLE IV, 19 34 Mus W Harry Registra.	(Signed) M. D.
Acguirar.	(Audicas)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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for- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08157
infor- state UPA.	1. PLACE OF DEATH	(1)
n of infor- ould state OCCUPA.	County Dorchester	Registration Dist. No.
item of should of OCC	Village or City Dalem	No. St., Wa
		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
ECORD. Every is PHYSICIANS act statement	2. FULL NAME Elward Lake	
or E		
RD	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
In	5a. If married, widowed, or divorced HUSBAND of	
MANEN ACTI assified	(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased fr
S X S .	6. DATE OF BIRTH (month, day, and year) 2/ 1934	
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:50 p.m.
FOR IS A I stated properlectifical	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
***	8 Trade profession or particular	were as follows; Date of ons
be be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
K—T hould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	work was done, as SILK MILL, SAW MILL, BANK, etc	
	10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
NEGIN RES NFADING I pplied. AGE erms, so that instructions of	O. L.	Other Coutributory Causes of importance:
ADING ADING ed. AG s, so the ructions	12. BIRTHPLACE (city or town) 974	
FA FA lied ms,	1 00 10	
Q:	1 19 9 14	
TH U	14. BIRTHPLACE (city or town) Control Public (State or country)	What test confirmed diagnosis? Blanical Was there an au'opsy?
WIT fully n pla	15. MAIDEN NAME Ethel Wangus Lake	What test confirmed diagnosis?
ta	15. MAIOEN NAME When Wangus Lake 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
ILY NTH	(State or country)	Where did injury occur?
▼ □ A > 17. INFO	17. INFORMANT Drank Wangus (Address) Silem Mid	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
RITTE tion s USE ON is	Place. Date. 7 d. Date. 8 - 2 5, 19 34	Nature of injury
WRITE mation signal CAUSE TION is	19. UNDERTAKER Isank Wangus (Address)	24. Was disease or injury In any way related to occupation of deceased?
N N N N N N N N N N N N N N N N N N N	20. FILED 8-23, 19.34 The gillest makes	(Signed) Carroll MyStelan M. (Address) Om + Cidar Sh
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			51 11 3	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH Sounty Durchestin	Registration Dist. No. 1/6
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 40 Must Ad (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. W married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
5a. W married, widowed, or divorced HUSBAND of (or) WIFE of Bury Trucky	I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, antiyear) July #7,18 95	Clast sew h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:20 p.m.
39 / 8 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, of particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Mysicarditis 1933
A Industry or business in which	Guilland Saballan 1739
yer was done, as SILK MILL, SAW MILL, BANK, etc	Cardina Decarage astin 2
1D. Date deceesed last worked at this occupation (month and year) spant in this occupation	Course Accountage of the Course of the Cours
C. A. A.	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Wom Arskins	
14. BIRTHPLACE (city or town). Derechester en my	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clinical Was there an au'opsy?
15. MAIDEN NAME Malvina Starley	23. if death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17, INFORMANT Shilma Clock (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR BEMDYAL	
Place Wange Centerports Church & 8,19 3	Manner of injury Nature of injury
19. UNDERTAKER AM STELLER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Antiques (A.	If so, specify
20. FILED 8-26 193 y Dr. Geleitmul	(Signed) M. D.

V. S. No. 1

-WRITE PLAINLY,

CORD. Every item of infor-

should state

UNFADING INK-THIS IARGIN RESERVED

FOR BINDING

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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BUREAU V.			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
ORD. Every	HYSICIANS	t statement	
NT REC	LY. P	I. Exact	
RMANE	XACT	classified	a ^s
S IS A PE	stated E	properly	certificate
THIS	ould be	may be	back of
NG INE	AGE sh	that it	ions on
UNFADI	supplied.	terms, so	ee instruct
, WITH	refully :	I in plair	tant. Se
LAINLY	uld be ca	F DEATE	ery impor
-WRITE	mation sho	CAUSE O	TION is very important. See instructions on back of certificate.
N. B		1	1

STATE OF MARYLAND-CERTIFICATE OF DEATH

w 5	to de		. 70	, .
()	1	-1	0	
U	0	1		17
10	000	AL.	10	100

1. PLACE OF DEATH			(48)	
County Dorcheste	r		Registration Dist. No. // C	Su
Village or City Galest	own		No.	Ward
Length of residence in city or town	whare death occurred	IO (I	If death occurred in a hospital or institution, give its NAME instead of street and r. sds. How long In U.S. if of foreign birth?	number)
2. FULL NAME Nors	Morris			
(a) Residence: No.	(Usual plac	e of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH	
3. SEXTEMALE 4. COLOR OF BAC		RRIED, WIDOWED, ED (write the word)		34 , 193
5a. If marriad, widowed, or divorced HUSBAND of			(Month) (Day)	(Year)
(or) WIFE of Jake Mc	rris		1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and yaar)	Mar 10	1884	I last saw half alive on Justing 25 / 134	; death is sald
7. AGE Years Mont	hs Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, a	
8. Trade, profassion, or particular kind of work dona, as SPINNE	R. Housewif		Carous of thems	O ate of onset
Mind of work dona, as SPINME SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and		*****************	<i>j</i>	
10. Data deceased last worked at this occupation (month and year)	11. Total	tima (years) ant in this	-	
	w York	apation	Other Contributory Causes of Importance:	
1 19102 817	ler			
13. NAME	7		Fe	
14. BIRTHPLACE (city or town) (State or country)			Name of operation	
15. MAIDEN NAME IInknown	1		What tast confirmed diagnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)(State or country)	Unknown		Accidant, suicide, or homicida? Date of Injury	, 19
17. INFORMANT Jake Morr	is 1. Del.		(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE,
18. BURIAL, CREMATION OR REMOVAL	Del	4 T9.319	Manner of injury	
19. UNDERTAKER W. D. Grave (Address) Sharpte	enor & Bro		Nature of injury	
20. FILED Aug 2 , 1934	J. Wasi	Registrar.	(Signed) Address)	M.D.
	N. N	Aegistrar.	(Address)	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

¥	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement @ OCCUPA-TION is very important. See instructions on back of certificate.
5	ENT RECC
BINDIN	EXACT EXACT y classifie te.
FOR	stated properl certifica
IARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
IARGIN	supplied. in terms, so
	A, WITI carefully I'H in pla
	should be OF DEAT
9.1	mation s CAUSE TION is

N. B.-WRITE

V. S. No. 1

		STA	TE O	F MAR	YLAND-	CERTIFICATE OF DEATH	18161
	1. PLACE OF		_			(120)	111
	ar county A					Registration Dist. No	15
6						death occurred in a hospital or institution, give its NAME instead of street and	
		dence in city or to				ds. How long in U.S.If of foreign birth?yrsm	osds.
	2. FULL NAI						
	(a) Kesideni	ce: No	edo.1	(Usual place	e of abode)	St., Ward. If nonresident give city or town and	I State
		AL AND ST				MEDICAL CERTIFICATE OF DEATH	
3.	Male	4. COLOR OR	RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Cuy (Month) (Day)	, 193.4
5a	. If married, widow HUSBAND of	ed, or divorced	-	1 d m	2	(Month) (Day) 22.	deceased from
-	(or) WIFE of		ligal	race III	U.S. E.	July 26 ,1934, 10 Cerey 23	
6.	DATE OF BIRTH (month, day, and y	rear) -6	lent. 30	,1850	I last saw harielive on aug. 23 1934	
	AGE Year	rs	Months	Days	If LESS than	to heve occurred on the date stated above, et 6:12 Pm.	
	83		10	23	l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
NO	8. Trade, profes kind of w	sion, or particula ork done, as SPI BOOKKEEPER, et	NNER.	Lanne		Euleriles	7-20-84
OCCUPATION	9. Industry or b	business In which		, viii	~		
SUP	work was SAW MIL	done, es SILK M L, BANK, etc	ILL,				
Ö		ed last worked at petion (month and		11. Total t	time (years) ent in this		
	year)			OCC	upation	Other Contributory Causes of importance:	
12	. BIRTHPLACE (cit						
0	(State or coun	-		pland			-
FATHER	13. NAME	lomor	mu	llezan			
FAT	14. BIRTHPLACE					Neme of operation Date of	
-	(Stale or			rd	-	What test confirmed diagnosis? Was there an a	utopsy?
MOTHER	15. MAIDEN NAM	ME Ligg	il.	nessu	Uc .	23. If death wes due to externel causes (VIOLENCE) fill in also the following	:
MO	16. BIRTHPLACE		20.			Accident, suicide, or homicide? Date of Injury	, 19
	Stete or	hrs. Nor	m	Miss	(lison)	Where did injury occur?	te)
17	(Address)	Eld	ora	do n	ud.	, , , , , , , , , , , , , , , , , , , ,	NOL.
18.	BURIAL, CREMATI	ION, OR REMOVA	L ,	no. a		Manner of Injury	
	Place Jel	aure	surg.	Date 2	25,19.34	Nature of injury	
19.	. UNDERTAKER	- do. 7	- rla	mpton	(A)	24. Was disease or injury in any way releted to occupation of deceased?	
20	FILED S - 7	2 4 19 3	407.	Gelle	1-mul.	(Signed) 9 14 Vacets	
20.		/,	y		Registrar.	P (Address) lander de 1500	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		CERTIFICATE OF DEATH U8162
1	L. PLACE OF DEATH	(159)
		Registration Dist. No. ((D
	Village or City Therefore	ND. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmos
2	2. FULL NAME Jewin Charles U	arrer.
	(a) Residence: Np.	St.,Ward.
	(Usual place of abode)	If nonresident give city or town and State
3. 5	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	OR DIVORCED (write the word)	1 9 193 ×
5a.	If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
	2/18/31/	Na time 19 to no time 19
_	DATE OF BIRTH (month, day, and year)	I last saw h Au alive on No Suul 19; death is
7. /	AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	d_ / ormln.	were as follows:
N O	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Jalualue out
CCUPATION	9. Industry or business in which	ruglech
5	work was done, as SILK MILL, SAW MILL, BANK, etc.	
5	10-Date deceased last worked at this occupation (month and spent in this	
	year) occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) Company (State or country) A Set Lal	
22	13. NAME Chailes Parker.	
エリ	n d	
FAT	14. BIRTHPLACE (city or town) / WCA	Neme of operation Dete of
וא	15. MAIDEN NAME Cattering Cauphon	What test confirmed diagnosis?
5	16. BIRTHPLACE (city or town) Mad	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
₹	(State or country)	Where did injury occur?
17	INFORMANT & harles Parker.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) Thurlock Md	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Veriler C Date 1 9 19 19	Nature of injury
19.	UNDERTAKER Chas Parker 1/8 other	24. Was disease or injury in any way related to occupation of deceased? 24.
	(Address) July July	If so, specify Q
20.	FILED 9/9 1934 Chus W Austrings	(Signed) I to goo Myfra, N
	Registrar.	(Address) Juniford 1 Mid
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforstated EXACTLY. properly classified.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

N. B.—WRITE PLAINLY, WITH

V. S. No. 1

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County Corolles les	93-© Registration Dist. No. 1/7
Village or City Vennus	NoSt,Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or jown whera death occurredyrsmos	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lawral.	W
(a) Residence: No. Olympia (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
with the same	aug 24, 1934, to aug 23. 1934
6. DATE OF BIRTH (month, day, and year)	I last say her alive on aug 25, 1934; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 12:15: Am.
6 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onest
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardin Ilas Octar 3
	Sessess (Brush Cardity ,
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	With Hysen temsion)
- this occupation (month and spont in this	Chronic Anyocarditise Congo
, , ,	Other Contributory Chases of importance:
12. BIRTHPLACE (city or town) (Stata or country)	aftell Telminary any 2
E 13. NAME / Poles of Wasslow	19134
13. NAME (Alexand Charles) 14. BIRTHPLACE (city or town)	Name of operation Non Date of
(State of Country)	What test confirmed diagnost fugar Cal funding Was there an autopsy? N 1
# 15. MAIDEN NAME Jaraha 6 // 3 reton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Was Clovel Hackett	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 20 20	Manner of injury
Placa Verna M. Date aug 80 1934	Natura of injury
19. UNDERTAKER Wellowskips	24. Was disease or injury in any way related to occupation of decaased? NO
20. FILED aug 26, 19 34 Elizabeth M. Graft	(Signed) W. S. Annu M. D. (Address) Fideryslung find.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Na.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THINEAU V. C.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

PLACE OF DEATH			(122-6)	
County Dorchester			Registration Dist. No. II6	
Village or City Cambridge, Md.			No. Cambridge Md Hospital St, f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where	deeth occurred	0.0	ds. How long in U.S. if of foreign birth?tst	
2. FULL NAME Atha M.	Robinson		September 1997 Septem	
(a) Residence: No. 9 Ceme	tery Ave		St., 4 Ward. If nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White	S. SINGLE, MAR OR DIVORCE MALTI	RRIED, WIDOWED, D. (write the word)	21. DATE OF DEATH August I6th, (Month) (Day)	, 193 <u>4</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S.	Robinso	n,	22. al HEREBY CERTIFY. That I attended	
6. DATE OF BIRTH (month, dey, and yeer)	7/15/18	86		; deeth is seld
7. AGE Years Months	Days	If LESS then	to have occurred on the dete steted above, at 9 P.M.	, 00011113 0010
48 I	I	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
8. Trade, profession, or particular				Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	House Wi	fe	Inlesting abstracting	
kind of work done, es SPINNER, SAWYER, BOOKKEFFER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at	x			
10. Dete deceesed last worked at this occupation (month and 821.	4/34 Spe	time (years) ent in this 28		
12. BIRTHPLACE (city or town) Elli (Stete or country)	otts Isl		Other Contributory Causes of importance:	
# 13. NAME Silas Grey	313 00			
13. NAME Silas Grey 14. BIRTHPLACE (city or town) Ell (State or country)		land	Name of operation Sult newy Date of	8/16 24
15. MAIDEN NAME MARY	Dayton		Whet test confirmed diagnosis?	
I	lliotts		23. If death wes due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	-
17. INFORMANT Thos S. Rob			Where did injury occur?(Specify city or town, county and Str Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL PLACECAMBRIDGE, Md.			Manner of Injury	
19. UNDERTAKER Granville (Address) Cambri	S. LeCo	ompte.	24. Was disease or injury in any way related to occupation of deceased?	w
20. FILED Quy 1 8, 19 3 4 L	Stille	Drul.	(Signed) Lungliele	M. D.
		Registrar	(Address) Camply	True.

mation should be carefully

-WRITE

ż

TION is very important.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	08165
EATH			

1. PLACE OF DEAT	гн			- GENTIFICATE OF BEATH
County Darahe	ster			Registration Dist. No. / 10
Village Dr City			9 (1	ND. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME H	enry la	kon		St. Ward.
PERSONAL AN	DETATION	(Usual place		If nonresident give city or town and State
	R OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	ite	Sing	D (write the word)	(Month) 819 1 27 1 3 193 (Year)
5a. If marriad, widowed, or divor HUSBAND of (or) WIFE of	read			22. I HEREBY CERTIFY, That I attanded daceasad from
6. DATE OF BIRTH (month, day	Ap, and yaar)	ril I	I 1908	
7. AGE Years	Months 4±	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or pa kind of work dona; SAWYER, BODKKEEI 9. Industry or businass in work was dona; as S SAW MILL, BANK, e 1D. Data dacasad last work	which	Farmer		Sudden death no
1D. Data dacaasad last worl this occupation (mon year)	kad at th and	spe Occ	ime (yaars) nt in this upation	Duguest unressured
12. BIRTHPLACE (city or town) _ (Stata or country)				no additional information.
13. NAME	Germ	-		
13. NAME 14. BIRTHPLACE (city or tow (Stala or country)				Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or tow	therine	Radior		23. If daath was dua to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or tow	-Germa	ny.		Accidant, suicide, or homicida?
17. INFORMANT Char (Address) R F	les Sak	on,	ddlehure	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR RE	MOVAL .	Aug Date	30, I934 .19	Manner of injury
19. UNDERTAKER D. (Address) Shaj	Graveno rutown.	r & Bro	ther,	24. Was disaasa or injury in any way related to occupation of daceasad?
20. FILED Aug. 27, 19	34 Chu	o NHus	Registrar.	(Signed) Chas W Hasling acting Coroners D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage · /	July 5,1927	Peritonitis	3 days ago
osp 8 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

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19. UNDERTAKER

(Address)

STATE OF MADVI AND	CERTIFICATE OF DEATH 08166
1. PLACE OF DEATH	CERTIFICATE OF BEATH 001.00
County Dorchester	Registration Dist. No. 114
And Advances 177	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 28 yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Theditis D. Simmons.	
(a) Residence: Np. Andrews, Md. (Usual place of abode)	St., X Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Twiste the word) Married	21. DATE OF DEATH August 25th, 1934 (Month) (Dev) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Simmons.	22. I HEREBY CERTIFY, That I attended deceased from 9.1934, to 9.22. 30, 1934
S. DATE OF BIRTH (month, dey, end year) 7/IO/I886 AGE Years Months Deys If LESS than 1 dey, hrs. or min. 8. Trede, profession, or perticuler kind of work done, as SPINNER HOUSE Wife 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupetion (month and I/I2/34. spent in this yeer) 12. BIRTHPLACE (city or town) Bishops Head, Md. (State or country) 13. NAME John T. Pritchett.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows: July Date of onset 1 1 2 2 2 2 2 2 2 2
14. BIRTHPLACE (city or town) Bishops Head, Md. (State or country)	Neme of operation Dete of What test confirmed diegnosis? Wes there en eu!opsy?
15. MAIDEN NAME Hennie Langrall 16. BIRTHPLACE (city or town) Bishops Head, Md. (Stete or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur?
7. INFDRMANT George A. Simmons. (Address) Andrews, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Plec Bishops Head, Md Date 8/27/34	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed).

24. Wes diseese or injury In eny wey releted to occupation of deceased?_

Granville S. Le Compte Cambridge, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ,	3 days ago
Nagugeau W.S.	₹		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

V. S. No. 1 N. B.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYLANI	D-CERTIF	ICATE	OF	DEA"	Γŀ
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11	1	31	10	h mg
U	0	1	5	1

	Village or City Hulvek	No. St., W
	Village of City (If	death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL NAME Martini Amellem	1 Smullens!
	21 1 1	St. Ward.
	(a) Residence: No. Near Sures (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 31 193 4
-		(Month) (Oay) (Year
Ja.	If married, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY, That I attended deceased (
	(or) WIFE of	aug 10 193/ 10 aug 3/ 193
: г	DATE OF BIRTH (month, day, and year)	.I last saw h alive on acce to 1935; death is
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 9 m.
	11 121 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1	8. Trade, profession, or particular	were as follows:
5	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	> T-1/2
	9/Industry or business in which	VIIII WAR
2	work was done, as SILK MILL, SAW MILL, BANK, etc.	
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	
	04 1 - 1	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) (State or country)	poor for
١ ا	0 1 4-1	
FAINER	13. NAME avery Amllend	
4	14. BIRTHPLACE (city or town) It housed le med	Name of operation
- !	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOINER	15. MAIDEN NAME Mycle Washington	23. If death was due to external causes (VIOLENCE) fill in also the following:
5	16. BIRTHPLACE (city or town) Caroline County md	Accident, suicide, or homicide? Oate of injury, 19_
E	(State or country)	Where did injury occur?
7.	INFORMANT avery & mllem	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8.	BURIAL, CREMATION, OR REMOVAL)	Manner of injury
	Place & Kinners Run Oate Sept 1, 1934	Nature of injury
19.	UNOERTAKER Amery Arnelen father	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Bullick Md.	If so, specify
	FILEO Chas I 1934 Chas N Hustrays	(Signed)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ä

item of infor-

of OCCUPA-

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of town where death occurred	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	8168
Village of City	1. PLACE OF DEATH		(58)	
Village of City	county Horokeefe	W	Registration Dist. No.	0
Langth of residence in city go town where death occurred. Langth of residence in city go town where death occurred. 4. Bow long in U. S. If of forsign birth? Ward. Ward. Ward. Ward. (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Le. COLOR DR RACE OR NYDRCES (write the gained) So. If married, widowed, or divorced HUSARNO of Orly hirts of Cory hirts of Cory hirts of ACE Years Mondot Days If LESS than the personal stated above, at J. W. Th. m. So. If married, widowed, or divorced with the gained of work of themselved and secured on the data stated above, at J. W. Th. m. So. Trade, profession, or particular work and of work of themselved was done, as SILK MILL, SAW MILL	Village or City Sucks	e RI	No. St	Ward
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYORCED (curic the sport) OR DYORCED				
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(a) Residence: No.	(Usual place of shode)		I State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIJORCE) (PERSONAL AND STATISTICA		B	Diate
HUSSAND of (cr) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, DANK, etc. 10. Under the day of the	3. SEX ale 4. COLOR OR RACE S.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 8 3/	, 193 × (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at	HUSBAND of	-	71.6 1.6 000	
TAGE Years Months Days If LESS than I day,	S DATE OF BIDTH (month day and year)	er 3 1934	Derd	
8. Trade, profession, or particular Mind of series (and of series) 8. And of series (and of series) 8. BIRTHPLACE (city or town) (State or couptry) 9. And of series (and of series) 10. BIRTHPLACE (city or town) (State or couptry) 11. INFORMANT (Address) 12. INFORMANT (Address) 13. And of series (and of series) 14. BIRTHPLACE (city or town) (State or couptry) 15. BIRTHPLACE (city or town) (State or couptry) 16. BIRTHPLACE (city or town) (Acident, suicide, or homicide? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Aleft 19. UNDERTAKER (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Aleft 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) Manner of injury Natura of injury Natura of injury Natura of injury (Signed) Manner of injury in any way related to occupation of deceased? (Signed) M. D. C. William (Signed) M. D. C. Willi		Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 1.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	, ueatii is salu
And State or country) State or country) State or country State or country Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. State or injury State or country Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. State or injury State or injur	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	ormin.	wera as follows:	Data of onset
Other Contributory Causes of importance:	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		(I did not allend Chila	
12. BIRTHPLACE (city or town) (State or country) 13. NAME DRANG City or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT CALL (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Aucleant, Or REMOVAL Place Aucleant, 1934 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. 344 19. UNDERTAKER (Address) 19. 344 19.	- I mis occupation (month and	spent in this	at all.)	
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or couplry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date		ryland	Other Contributory Causes of importance:	
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or couplry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. In State or couplry (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? 15. MAIDEN NAME 26. Was there an au'opsy? 27. If death was due to external causes (VIOL ENCE) fill in also the following: 28. Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. What test confirmed diagnosis? Was there an au'opsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Matter of injury (Signed) Matter of injury (Signed) M. D. Matter of injury (Signed) Matter of	13. NAME D Kas It	Tole		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or couplry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. In FORMANT (Specify city or town, county and State) Natura of injury Natura of injury Natura of injury (Specify city or town, county and State) Natura of injury Natura of injury Natura of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 10. Specify (Signed) 10. Specify (Signed) 11. Specify (Signed) 12. Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in	14. BIRTHPLACE (city or town)	d		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Place LUCION Date Address Date Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER (Address) Fig. (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury (State of County and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Natura of injury (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury Manner of injury Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury Manner of		18011		
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18. BURIAL, CREMATION, OR REMOVAL Place Date A Company Manner of injury Natura of injury 19. UNDERTAKER Address) A Company 19. UNDERTAKER (Address) A Company (Signed) Manner of injury Manner of injury Natura of injury Natura of injury (Signed) Manner of injury Manner of injury Natura of injury Nat	17. INFORMANT COURSES SE	e &	(Specify city or town, county and Sta	te) ACE.
19. UNDERTAKER 1. 19. Willouptely a 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D. (Signed)	18. BURIAL, CREMATION, OR REMOVAL	ate Aept 1934		
20. FILED		uglely.	24. Was disease or injury in any way related to occupation of deceased?	
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TRUPEAU V S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Documents	Registration Dist. No. 115
Village or City Disluma Cools	
(If	NoStWard death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or fown where death occurredyrsmos.	
2. FULL NAME Aliel Gome	and Stewart
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Quay 4 , 193 4
5a. If merried, widowad, or divorcad	(Month) (Day) (Yeel)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attanded deceased from
	all Gora to 19
6. DATE OF BIRTH (month, day, and year) way - 1934	I last saw halive on on Genery, 19-34 ; daath is seid
7. AGE Yaars Months Opeys If LESS than	to have occurred on tha date stated ebova, at 11 92, m.
Shire Con 1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importenca were as follows:
8. Trede, profession, or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Memorine Buth
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and	Ger & Wert Cast
work was done, as SILK MILL, SAW MILL, BANK, etc	21/ was 2
Spaint in this	72.
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Testura	\\
(State or country) many land	
13. NAME (Cayon on & Julian Stewart	
14. BIRTHPLACE (City or town) Tisking Creek,	Name of operation Non-Date of
(State of County)	Whet test confirmed diagnosis?Was there an eutopsy?
15. MAIDEN NAME Chodica Helling Jolley 16. BIRTHPLACE (city or town) Tishing Creek,	23. If deeth wes due to external ceuses (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Fishing Cook.	Accidant, suicide, or homicida?
E (Stata or country)	Where did injury occur?
li discontinual	(Specify city of lown, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT MARIE STANDARD S	Speedy whather mighty occurred in industrie, in nomes of in Public PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Trolling Ceaking Date Que 5, 19 44	Neture of injury.
1-00	
19. UNDERTAKER (Addrass)	24. Was disaase or injury In any way related to occupation of decaased?
Commy way Ind	If so, specify
20. FILED Cury 5, 19.3 4 9 mis heade Registrar.	(Signad) M. D.
	(11001003)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 11		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
Sounty Days	Registration Dist. No. //6
Village or City Cambridge Mel	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s ds. How long in U.S. if of foreign birth?
2. FULL NAME James R. Thor	nas!
(a) Residence: No. 317 Manufactor abode)	M. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Wonth) (Day) (Pear)
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Ima Barrank	22. HEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Aur 18 185 4	I lack saw h aliva on, 19 7; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 6:45 P.m.
79 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
Z Trada, profession, or particular A 17 1/	Checken Land
Kind of work done, as SPINNER, Author SAWYER, BOOKKEEPER, etc.	The autistino 1/2
9. Industry or business in which work was done, as SILK MILL, Waller SAW MILL, BANK, etc	to bear -
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (months and this program in this secure in this program in this secure in the secure in the secure in the secure in the secure in this program in this secure in this program in this secure in	-
this occupation (month and spent in this occupation	
Dhans 1.1	Other Coutributors Causes of Importance:
12. BIRTHPLACE (city or town) Volume (State or country)	- Janet
E P	
4 14. BIRTHPLACE (city or town)	Nama of operation Data of Data
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) - Durchy lo	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
-1 (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS ATTENDED TO CAMPAGE TO CAM	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cumby Sp. Mel Date Chry 2 9, 1934	- Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) Aubus
20, FILED	(Address)
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	

Other contributory causes of importance:		Other contributory causes of importance:	300	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08171
1. PLACE OF DEATH	(142)
County Morohester	Registration Dist. No. // D
Village or City Hurle a C	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mayby Os Sol	el .
	St., Ward.
(a) Residence: No(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) With part of the control of t	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Com. 31, 1882	i last say h Assa. alive on 875. 193 1; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5 2 1 4 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Trade profession or particular	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Jung absent with
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0
SAW MILL, BANK, etc.	Langell
O 10. Date deceased last worked at this occupation (month and year) this occupation.	
	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) Mary Council	
W 13. NAME DE STATE AND STATE OF THE STATE O	
13. NAME (assume town)	Name of operation Date of
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME milen Potruson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Melen Colorson 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury19
E (State or country) Marylond	Where did injury occur?
17. INFORMANT Madora Sond	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sulloak Date aug 5, 2 19 3 c	Natura of injury
19. UNDERTAKER 45 1 Willoutgliller	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8 / 1 / 1937 Chus W Hustings Resistrat.	(Signed) Noger Myers M.D. (Address) A Thurwork Old
	2417 N. Charles Street Baltimore Requesting 71 S. No. 7

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Example I	the state of the s	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. See instructions on back of

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	119
County Horacust	Registration Dist. No. 113
Village or City Visling Geel	No. St. Ward
(I see the of available to the control of the contr	f death occurred in a hospital or institution, give its NAME instead of street and number)
0-112	ds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Worded Jeon	and grames
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
YVI V Dung	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	22. LHEREBY CERTIFY, That I attended deceased from
(or) WIFE of	The state of the s
6. DATE OF BIRTH (month, day, and year) we 16-1934	
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occuration (month and	atam Grim our medical
9. Industry or business in which	Or a series of the series of t
work was dona, as SILK MILL, SAW MILL, BANK, etc.	thankara & william has
10. Date daceased last worked at this occupation (month and spant in this	man 2 year 0/13/
year) occupation occupation	
12. BIRTHPLACE (city or town). Cambrid a	Other Contributory Causes of Importance:
(State or country)	
13. NAME Clerande hand	
13. NAME Cley and 14. BIRTHPLACE (city or town) distring and	Name of operation.
(State or country)	
15. MAIDEN NAME Berling Horseman	What test confirmed diagnosis? Was thera an autopsy? 23. If death was dua to external causes (VIOLENCE) #fil in also the following:
16. BIRTHPLACE (city or town)	
State or country)	Accident, suicide, or homicide? Date of injury, 19
Booling have	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Statura Good Data Qua' 6 1934	Manner of injury
	Natura of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
(numeros)	If so, specify
20, FILED lessa & 193 x 2 0 mean	(Signed) A Charles O' Mea Co M. S.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Registrar.

6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1/20	000	e to		Registration	Dist. No	1 1
Village or (,	20 me	NoNo	tion, si e its NAMI	anstead of street at	nd number)
	dence in city or town where	depth obournal yrs, m	osds. How long in U.S. if o	of foreign birth?	yrs	_mos
2. FULL NA		and we				
(a) Residen	ce: No.	(Usual place of ahode)	St.,Ward.	If nonresident	give city or town	and State
	AL AND STATIS	TICAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	ı
uncer.	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	6	, 193 4
5a. If marriad, widow HUSBAND of	ed, or divorcad				(Day)	(Year
(or) WIFE of		delinate extensi	1 HEREBY	CERTIF	Y, That I attand	ed deceased
6. DATE OF BIRTH	month, day, and year)	8/6/34	I last saw h alive on			
7. AGE Yaa		Days If LESS than	to have occurred on the date state			, dod(11 13
3 mo	aborte	1 day,hrs	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related cause	es of importance	
8. Trade, profes	sion, or particular ork done, as SPINNER.	21 ma	3 mo a	book		Date of o
SAWYER	BOOKKEEPER, etc	70074	16000	- 1- marke	-	
work was	done, as SILK MILL, L, BANK, etc		Contract)	
U 10. Date decaas	d last worked at pation (month and	11. Total time (years)				
		occupation	Other Coatributary Causes of impo	rtanen:		
12. BIRTHPLACE (cit		white	Other Controllers Causes of Hipo	rtance.		
(State or cour	try)	m.				
13. NAME	unn	uom,			,	
14. BIRTHPLACE		******************	Name of operation		Date of	
		e west	What tast confirmed diagnosis?	ma	Was thera a	-
E	11	1 A	23. If death was due to external cau			
State or	(city or town)	west .	Accident, suicide, or homicide? Where did injury occur?		Pate of injury	, 19
17. INFORMANT	Elice W	els	Specify whether injury occurred in	(Specify city or	town, county and S	tate)
(Address)	Hanny	to pel.			ac, or mirobelo	LAUE.
18. BURIAL, CREMAT	ON, OR REMOVAL	hal 8 (.	Manner of injury			
Place_	quine of	Modata 0 - 6 , 19 5	Nature of Injury			
19. UNDERTAKER	Junes 1	Ciley	24. Was disease or injury In any wa	ay ralated to occupa	tion of deceased?	no
(Address)	bacu	higher md	If so, specify			0
		11 // // // // //	(Signad)	-	100	V

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

should state item of infor-

stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

WITH

-WRITE PLAINLY,

m ż

UNFADING INK-THIS IS A PERMANENT RECORD. Every

AGE should be

FOR BINDING

IARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU 1. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

- N .

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08174
	1. PLACE OF DEATH	23
.0	County Doubleton	Registration Dist. No.
1	Village or City Cambridge Ind	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
П		ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Ruth Willow	Ma
1	(a) Residence: Np. FRV	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prits the word)	21. DATE OF DEATH
1	timale While hims	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	W. I HEREDI CERTIFY, That I ettended deceased from
- Fe	, (or) WIFE of	Jan 15 1 1934 10 Chig 30 7, 1824
	6. DATE OF BIRTH (month, day, and year) Junkeum 1908	Vlast sew h_en alive on Ung
fica	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at 23000.
certificate	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
of c	8. Trade, profession, or particular kind of work done, as SPINNER,	7 / 0/9
	9. Industry or business in which	Superintes of wing
bac	work was done, as SILK MILL, SAW MILL, BANK, etc	The same of the
on back	10. Date deceased last worked et this occupation (month end spant in this	1042
su	year) occupation	Other Contributors Causes of Importance:
instructions	12. BIRTHPLACE (city or town)	10
tru	(State or country)	1 8the ang
ins	H 13. NAME James J. Willingthy	1984
See	14, BIRTHPLACE (city or town)	Name of operation
	α	Whet test confirmed diagnosis? Was there an autopsy?
important.	I DO TO THE TOTAL OF THE TOTAL	23. If deeth was due to externat causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide: Date of Injury
por	(State or country)	Accident, suicide, or homicide Date of Injury Where did Injury occur?
	me the District	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
ery	17. INFORMANT (Address)	1/pre
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Cart Am / harten Ind Date (My S. / 1989.	Nature of injury Araba
TION	19. UNDERTAKER Trans & albany	24. Wes disease or injury in any way related to occupation of deceesed?
	(Addiess)	If so, specify
	20. FILED 8 3/ 19 54 Delketheeke	(Signed) Yankly M. D.
13	Registrar. If more blanks are needed, address State Registrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. SI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH CERTIFY That I attended deceased from to have occurred on the date stated above, at __ I 2 _ 3 OP The PRINCIPAL CAUSE OF DEATH and related causes of Importance Name of operation_____ What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Oate of injury_____ 19_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?

infor-

1. PLACE OF DEATH

County Dorchester

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Gallstones	May 1,1923	Gastroenteritis	1 year